

Town of Moultonborough

CIPC Project Request Form – FY 2015-2020

Department: Town-Administration	Department Priority: 4 of 4 projects FY Request To Be Made in: 2014 2015 2016 <u>2017</u> 2018 2019
Project Description: Purchase one Conservation Commission recommended parcel from the Blue Ribbon Committee list of parcels using several funding sources. The parcel is Map 67, Lot 32 at 10 Orchard Drive and contains 78 acres, of which 73 acres are in current use status.	
Narrative Justification: See attached. (Please include additional attached pages.)	
Alternatives Considered or Impact if Project not Approved: see attached. (Please indicate if the need/rationale for the project/item can be met by any other means, including leasing, contracting, etc. Please include additional attached pages if necessary.)	
Type of Project: (check one and please explain in narrative.)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input type="checkbox"/> Improve quality of existing facilities or equipment <input checked="" type="checkbox"/> Expand capacity of existing services level/facility School Use for upland portion <input checked="" type="checkbox"/> Provide new facility or service capacity possible School Use for upland portion <input checked="" type="checkbox"/> Other (Conservation-preservation)
Service Area of Project: (check at least one)	<input type="checkbox"/> Region <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> School District <input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area
Rationale for Project: (check those that apply; elaborate below)	<input type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long-term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time <input type="checkbox"/> Required to maintain current service levels <input checked="" type="checkbox"/> Other (please describe)

Cost Estimate: (Itemize as necessary)		Capital Costs Dollar Amount (in current \$) \$0.00 Planning/feasibility analysis \$0.00 Professional services <input type="checkbox"/> Quote \$285,000.00 Real estate acquisition <input checked="" type="checkbox"/> Internal Estimate \$0.00 Site preparation (Please indicate if item is quote, or estimate and attach quotes.) \$0.00 Construction \$0.00 Furnishings & equipment \$0.00 Vehicles & capital equipment \$0.00 Capital Reserve Fund \$0.00 Other _____ \$285,000.00 Total Project Cost		Impact on Operating & Maintenance Costs or Personnel Needs (Please elaborate in Project narrative) <input type="checkbox"/> Add personnel <input type="checkbox"/> Increased O & M costs <input type="checkbox"/> Reduce personnel <input checked="" type="checkbox"/> Decreased O & M costs <input type="checkbox"/> Contracted Costs/Labor Dollar Cost of Impacts and Duration: + \$0.00 annually (-) \$0.00 annually 50 # of Years of Duration	
Sources of Funding: Grant from: Aquatic Resources Mitigation Fund (ARM) Loan from: Donation/bequest/private User fees & charges Capital reserve withdrawal-Land Acquisition Fund Impact fee account Current revenue General obligation bond General Taxation Special assessment LCIP Total Project Cost Minus Revenue Project Cost		\$ 35,000.00 \$ 40,000.00 \$185,000.00 \$ 25,000.00 \$285,000.00 \$285,000.00		Form Prepared By: Carter Terenzini (Name) _____//signed//_____ (Signature) Town Administrator (Title) Town of Moultonborough (Department/Agency) 5/25/12 updated 6/4/13 updated 4/29/14 (Date Prepared)	
Other Information: (Please include additional attached pages, if necessary.)					

Town of Moultonborough

CIPC Project Request Form – FY 2015-2020

Department: Town-Administration	Department Priority: 1 of 1 projects FY Request To Be Made in: 2014 2015 <u>2016</u> 2017 2018 2019
Project Description: Purchase the Conservation Commission recommended parcel from the Blue Ribbon Committee list of parcels using several funding sources. The parcel is Map 48, lot 15 at 34 Berry Pond Way with water frontage on Berry Pond.	
Narrative Justification: See attached. (Please include additional attached pages.)	
Alternatives Considered or Impact if Project not Approved: see attached. (Please indicate if the need/rationale for the project/item can be met by any other means, including leasing, contracting, etc. Please include additional attached pages if necessary.)	
Type of Project: (check one and please explain in narrative.)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input type="checkbox"/> Improve quality of existing facilities or equipment <input type="checkbox"/> Expand capacity of existing services level/facility <input checked="" type="checkbox"/> Provide new facility or service capacity Park-Trail use <input checked="" type="checkbox"/> Other (Conservation of sensitive lands, preservation of open space)
Service Area of Project: (check at least one)	<input type="checkbox"/> Region <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> School District <input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area
Rationale for Project: (check those that apply; elaborate below)	<input type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long-term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time <input type="checkbox"/> Required to maintain current service levels <input checked="" type="checkbox"/> Other (please describe)

Cost Estimate: (Itemize as necessary)	Capital Costs Dollar Amount (in current \$) \$0.00 Planning/feasibility analysis \$0.00 Professional services \$150,000.00 Real estate acquisition \$0.00 Site preparation \$0.00 Construction \$0.00 Furnishings & equipment \$0.00 Vehicles & capital equipment \$0.00 Capital Reserve Fund \$0.00 Other _____ \$150,000.00 Total Project Cost	Impact on Operating & Maintenance Costs or Personnel Needs (Please elaborate in Project narrative) <input type="checkbox"/> Add personnel <input type="checkbox"/> Increased O & M costs <input type="checkbox"/> Reduce personnel <input checked="" type="checkbox"/> Decreased O & M costs <input type="checkbox"/> Contracted Costs/Labor Dollar Cost of Impacts and Duration: + \$0.00 annually (-) \$0.00 annually 50 # of Years of Duration
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Sources of Funding: Grant from: Aquatic Resources Mitigation Fund (ARM) \$5,000.00 Loan from: Donation/bequest/private User fees & charges Capital reserve withdrawal Land Acquisition Fund \$30,000.00 Impact fee account Current revenue General obligation bond General Taxation \$110,000.00 Special assessment Other LCIP \$5,000.00 Total Project Cost \$150,000.00 Minus Revenue Project Cost \$150,000.00	Form Prepared By: Carter Terenzini (Name) _____//signed//_____ (Signature) Town Administrator (Title) Town of Moultonborough (Department/Agency) 5/25/12 updated 6/4/13, updated 2/29/14 (Date Prepared)
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Other Information: (Please include additional attached pages, if necessary.)
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Town of Moultonborough
CIPC Project Request Form – FY 2015-2020

Department: Town-Administration	Department Priority: 2of 4 projects FY Request To Be Made in: 2014 2015 2016 2017 <u>2018</u> 2019
Project Description: Purchase one Conservation Commission recommended parcel from the Blue Ribbon Committee list of parcels using several funding sources. The parcel is Map 44, Lot 1 at 1091 Whittier Highway and contains 8.9 acres.	
Narrative Justification: See attached. (Please include additional attached pages.)	
Alternatives Considered or Impact if Project not Approved: see attached. (Please indicate if the need/rationale for the project/item can be met by any other means, including leasing, contracting, etc. Please include additional attached pages if necessary.)	
Type of Project: (check one and please explain in narrative.)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input type="checkbox"/> Improve quality of existing facilities or equipment <input type="checkbox"/> Expand capacity of existing services level/facility <input checked="" type="checkbox"/> Provide new facility or service capacity Park-Trail use <input checked="" type="checkbox"/> Other (Conservation of sensitive lands and open space preservation)
Service Area of Project: (check at least one)	<input type="checkbox"/> Region <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> School District <input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area
Rationale for Project: (check those that apply; elaborate below)	<input type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long-term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time <input type="checkbox"/> Required to maintain current service levels

☒ Other (please describe)

Cost Estimate:

(Itemize as necessary)

Capital Costs

Dollar Amount (in current \$)

\$0.00 Planning/feasibility analysis

\$0.00 Professional services

\$250,000.00 Real estate acquisition

\$0.00 Site preparation

\$0.00 Construction

\$0.00 Furnishings & equipment

\$0.00 Vehicles & capital equipment

\$0.00 Capital Reserve Fund

\$0.00 Other _____

\$250,000.00 Total Project Cost

Impact on Operating & Maintenance

Costs or Personnel Needs

(Please elaborate in Project narrative)

☐ Add personnel

☐ Increased O & M costs

☐ Reduce personnel

☒ Decreased O & M costs

☐ Contracted Costs/Labor

Dollar Cost of Impacts and Duration:

+ \$0.00 annually

(-) \$0.00 annually

50 # of Years of Duration

Sources of Funding:

Grant from: Aquatic Resources
Mitigation Fund (ARM)

\$10,000.00

Loan from:

Donation/bequest/private

User fees & charges

Capital reserve withdrawal land
Acquisition Fund

\$50,000.00

Impact fee account

Current revenue

General obligation bond

General Taxation

\$160,000.00

Special assessment Con Com Fund

\$20,000.00

Other LCIP

\$10,000.00

Total Project Cost

\$250,000.00

Minus Revenue

Project Cost

\$250,000.00

Form Prepared By:

Carter Terenzini

(Name)

_____/signed/_____/

(Signature)

Town Administrator

(Title)

Town of Moultonborough

(Department/Agency)

**5/25/12 updated 6/4/13, updated
4/29/14**

(Date Prepared)

Other Information:

(Please include additional attached pages, if necessary.)

FORM A **CAPITAL PROJECT REQUEST**

Excluding Equipment

Department & Activity <u>Administration</u> Date Prepared <u>4/28/14</u>																										
Contact Person <u>Carter Terenzini</u> Phone Number _____																										
1. Project Title: Purchase parcel Map 116, Lot 5, Greenes Basin Road adjacent to Mud Pond	2. Purpose of Project Request Form (Check One) <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part the program <input checked="" type="checkbox"/> Modify a project already in the requested program																									
3. Department Priority _____																										
4. Location: <u>Greenes Basin Road adjacent to Mud Pond</u>																										
5. Description: : Purchase one parcel of land using several funding sources. The parcel is Map 116, Lot 5, Greenes Basin Road, owned by Davis, located north and east of Mud Pond and abutting the Town DPW garage parcel, and contains 21 acres. The parcel contains both uplands and wetland areas.																										
5.a. Decribe Alternatives Considered: This is the most logical parcel to be purchased that meets the two needs.																										
6. Justification & Useful Life: The parcel is adjacent to the Playground Drive and the DPW garage. It contains significant contiguous areas of wetlands, environmentally sensitive areas and uplands. We would be acquiring it to (a) eliminate the use of the RoW across the DPW property and (b) provide permanent protection of wetlands and high value buffer areas along the Western End adjacent to Mud Pond. [Possibly to mitigate wetland disturbance in the softball field reconstruction project as part of a DES permit requirement. Benefits include: permanent preservation of significant acreage of wetland and upland buffer areas, and appropriately sited mitigation strategy for possible softball field (or such future project) wetland preservation permit requirement.]																										
7. Cost & Recommended Sources of Financing <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">BUDGET FY</th> <th style="width:15%;">TOTAL*</th> <th style="width:65%;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr> <td>Program year FY _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Program year FY '15</td> <td align="center">\$75,000</td> <td align="center">General Fund</td> </tr> <tr> <td>Program year FY _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Program year FY _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Program year FY _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TOTAL SIX YEARS</td> <td align="center">____\$75,000____</td> <td>_____</td> </tr> <tr> <td>After Sixth Year</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>If adjusted for inflation, indicate adjustment percentage here: 3%/Yr.</p> <p>*Interest cost not included.</p>			BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY _____	_____	_____	Program year FY '15	\$75,000	General Fund	Program year FY _____	_____	_____	Program year FY _____	_____	_____	Program year FY _____	_____	_____	TOTAL SIX YEARS	____\$75,000____	_____	After Sixth Year	_____	_____
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING																								
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TOTAL SIX YEARS	____\$75,000____	_____																								
After Sixth Year	_____	_____																								
8. Net Effects on Operating Costs (+/-) Direct Costs personnel: number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities _____ other _____ Subtotal () _____ Indirect Operating Costs fringe benefits _____ general admin. Costs _____ other _____ Subtotal () _____ Total Operating Cost _____ Debt Service (P&I) _____ Total Operating Cost _____	9. Net Effect on Municipal Income (+/-) taxes _____-\$350 approx.____ other income _____ Subtotal _____ gain from sale of _____ replaceable assets _____ Total _____-\$350____ 10. Submitting Authority <u>Carter Terenzini</u> Submitted by Date <u>4/28/2014</u> Position <u>Town Administrator</u> Signature //signed// 11. Reserved																									

